Food Survey Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Education Date\_\_\_\_\_\_\_\_\_\_\_\_Block\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Read the questions below and respond on the column to the left.** | **Response** |
| Do you or anyone in your home know how to read a food label? |  |
| When shopping for food or eating out is anyone conscious of the sugar, fat grams or calories in the items purchased? |  |
| How often do you or your family eat out? |  |
| How many of your meals are out of a bag or box in a period of a week?  (Be honest) |  |
| My family and I often sit down and eat meal together.  Family dinner and weekend meals are served/eaten at regular times on most days.  My family is supportive of my food choices when I want to be on a diet plan. | \_\_\_\_yes \_\_\_\_\_\_no  \_\_\_\_yes \_\_\_\_\_\_no  \_\_\_\_yes \_\_\_\_\_\_no |
| Do you pack a lunch or any snacks to school? | \_\_\_\_yes \_\_\_\_\_\_no  Explain why. |
| Who plans meals and does the shopping in your home? |  |
| How far in advance does the person that prepares meals plan meals in advance? |  |
| What does a typical dinner in your home consist of? |  |
| What beverages do you have in your refrigerator? |  |
| How many servings, glasses, cans or bottles do have of the following? (write the serving/amount next to the beverage. | \_\_\_\_Soda  \_\_\_\_juice  \_\_\_\_sports drinks  \_\_\_\_energy drinks  \_\_\_\_Tea/coffee  \_\_\_\_Kool-aid  \_\_\_\_Other (Specify below) |
| How much milk (soy, almond or grain milk can substitute) do you drink? | \_\_\_\_\_ounces |
| What is your eating pattern? Check the one that applies. | \_\_\_\_eat 3 squares a day  \_\_\_\_grazer (eat all day)  \_\_\_\_eat only when hungry  \_\_\_\_don’t really worry about eating. |
| Do you feel you are getting all the nutrients your brain and body needs in order to thrive? (Remember thrive? …*everyone lives but other people thrive)* | \_\_\_\_yes \_\_\_\_no |
| Are you or anyone on any kind of a special diet? | \_\_\_\_yes \_\_\_\_no |
| Do you or anyone in your home have any food allergies? | \_\_\_\_yes \_\_\_\_no |
| Do you or any family member have any history of diabetes, cancer or heart disease? | \_\_\_\_yes \_\_\_\_\_no |
| Do you have any concerns about your eating habits? | \_\_\_\_yes \_\_\_\_\_no |
| Is there anything you would like to change about how you eat? | \_\_\_\_yes \_\_\_\_\_no |
| Are you happy with your size and weight? | \_\_\_\_yes \_\_\_\_\_no |
| Do you feel you get enough exercise every day? | \_\_\_\_yes \_\_\_\_\_no |

\**Please Note you may need to speak to an adult member in your household to be able to record some of the responses.*

Activity & Eating

(Packet assigned for homework)

1. What does eating purposely mean? Explain
2. What is your BMI? Pg. 2 give a website to calculate your BMI. Be sure you know the number and the range you are in.
3. What are nutrient rich foods?
4. In page 3, what does not label mean?
5. Why is it better to measure our portions with our own hands instead of measuring cups?
6. Pg. 4 bottom corner. Please go MealsMatter.org/tools and complete the personal nutrition planner. Print it out and bring it to class.
7. In pg. 5, Extra Foods do not fit in any food group? Why do you think that is? What kind of foods are these?

How much of these foods do you consume daily? \_\_\_\_\_\_\_a lot \_\_\_\_\_\_moderate \_\_\_\_\_minimal\_\_\_\_\_\_none